U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

REC'D
E Quantity

Name Paul

1. File Number U- 3288

3. Name and address of person filing.

G Mac Kinnon

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name AFA-CWA

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

	Labor Organization File Number DOO 186
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9384 Saddlemount Ct	Street 501 Third St., NW
City Springfield	City Washington
State Virginia ZIP Code + 4 22153	State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Secretary Treasurer	nec)
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exce	suse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true, correct, and complete. (See the second complete in the second complete in the second complete in the second complete in the second complete.	ving documents), has been examined by the signatory and is, to the best of the
Signed and	On 14 Jul 05 703-455-0772
	Date Telephone Number

File Number U- 32	88
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B. Held an interest in or derived income or er substantial part of which consists of buying from an employer whose employees your labor (2) any part of which consists of buying from dealing with your labor organization or with a	rom, selling or leasing to, or otherw organization represents or is active or selling or leasing directly or indit	ise dealing ely seeking rectly to, or	g with the business g to represent, or or otherwise	
8. Name and address of Business (including to	rade name, if any).	9. Busine:	ess deals with:	
Name Union Privilege		×	a. Labor Organization	
Trade Name, if any:			b. Trust	
P.O. Box, Bldg., Room No., if any Suite	300		c. Employer	
Street 1125 15th St., NW City Washington				
State District of Columbia	ZIP Code + 4 20005			
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.		ture of such dealing.	
Name		•	opy book raffle - \$100 meeting regarding Union Privilege programs -	
Trade Name, if any:		\$53	meeting regarding union Filvilege programs	
P.O. Box, Bldg., Room No., if any				
Street		11.b. Appr	roximate dollar value of such dealing. \$15	3
City		12.a. Nati	ture of interest held or income received.	
State	ZIP Code + 4			
		12.b. Am	ount.	

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).  Name M&T Bank	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 200  Street 1360 EYE St., NW  City Washington	<ul> <li>a. Labor Organization</li> <li>b. Trust</li> <li>c. Employer</li> </ul>
State District of Columbia ZIP Code + 4 20005	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Lunch meetings regarding Union accounts with bank - \$106
Street	11.b. Approximate dollar value of such dealing. \$106
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.

or from any labor relations consultant t			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. N	Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. A	Amount of payment.

File Number U- 3288

B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Merrill Lynch	✗ a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Suite 700	c. Employer		
Street 1850 K St., NW City Washington			
City Washington  State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any:	Lunch meetings regarding Union accounts with broker		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$106		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		

C. Received from any employer (or or from any labor relations consultant to		
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

File Number U-33 88

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Squire, Lemkin, + O'Brien	✗ a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street City Rockville	
State Maryland ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Lunch meetings regarding Union yearly audit and
Trade Name, if any:	outside accounting services
P.O. Box, Bldg., Room No., if any Street	
300001	11.b. Approximate dollar value of such dealing. \$106
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und	er parts A and B above)

13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	••